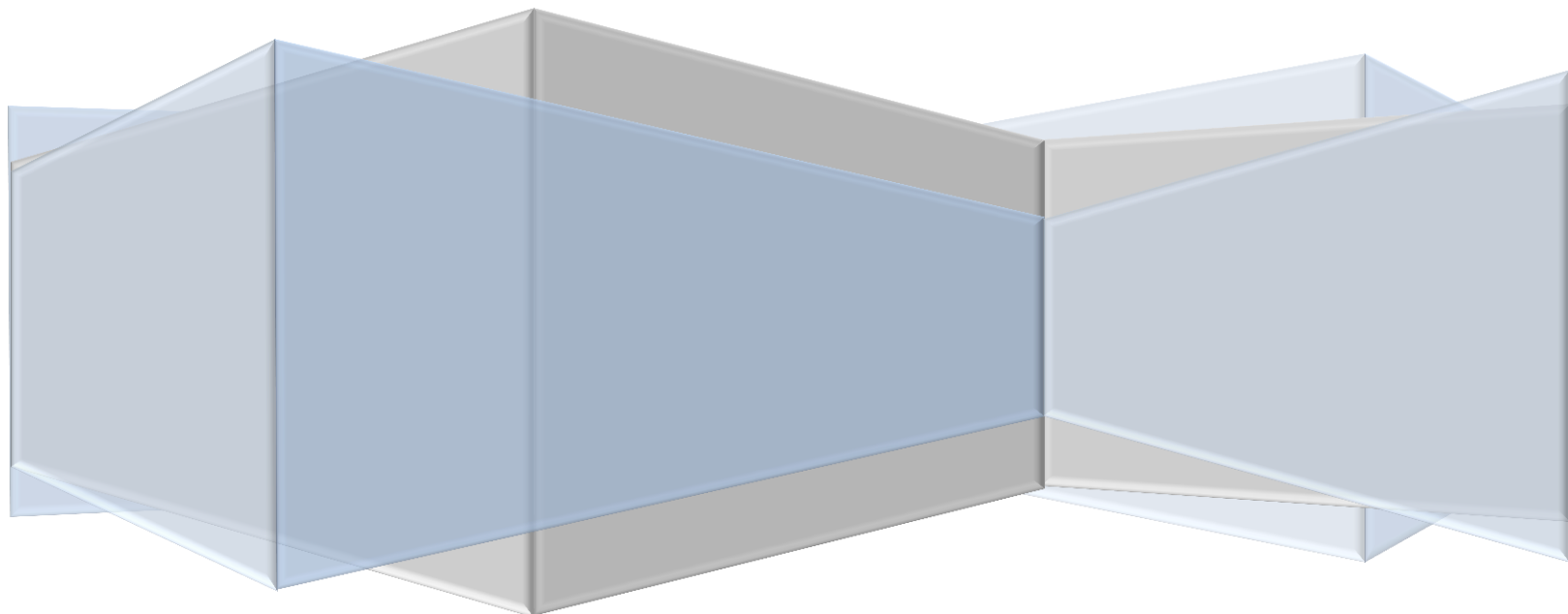**DIVISION OF HOME VISITING AND EARLY CHILDHOOD SYSTEMS DHVECS Site Visits**

Assessment Tool March 2015

Pre-decisional Draft, March 2015

Overview: Home Visiting and Early Childhood Systems Site Visit Assessment Tool

Purpose: Site visits support the Health Resources and Services Administration's (HRSA), Maternal and Child Health Bureau (MCHB) Division of Home Visiting and Early Childhood System (DHVECS) program oversight role and responsibilities. There are three types of site visits that may occur with the grantee.

1) **Comprehensive Compliance/Oversight Assessment** site visits provide an objective assessment of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program grant compliance with statutory and administrative requirements, as well as programmatic requirements. Home Visiting grantees are individually responsible for ensuring they operate in accordance with all applicable Federal, State, and local laws and regulations.

2) **Intensive Performance Improvement** Site Visits may be scheduled if there are specific concerns that require attention.

3**) General Technical Assistance** Site Visits may be scheduled to provide specific targeted on-site technical assistance. **The focus of this assessment tool is the comprehensive site visit.**

Statutory/Regulatory Authority: U.S. Department of Health and Human Services (HHS) grant regulations (45 CFR Part 74.51, see: http://go.usa.gov/B3hd) permit HRSA to make site visits as needed. In addition, 45 CFR part 74.53 states that "HHS awarding agencies, the HHS Inspector General, the U.S. Comptroller General, or any of their duly authorized representatives, have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents." Therefore, if appropriate as part of the site visit process, HRSA staff and/or consultants conducting site visits as HRSA's duly authorized representatives, may review a home visiting programs policies and procedures, financial records, and other relevant documents, in order to assess and verify compliance with Home Visiting Program requirements. If a grantee wishes to have HRSA staff and/or consultants sign confidentiality statements or related documents, this is permissible but should be communicated to the site visit team at the beginning of the visit to avoid any disruption or delay in the site visit process.

The Awarding Agency Grants Administration Manual (AAGAM), Chapter 1.04.104b provides guidance on PO post-award responsibilities related to conducting site visits. The AAGAM states the following responsibilities of Project Officers for site visits:

Conducts site visits, as deemed necessary by the OPDIV or as requested by the recipient, to substantiate progress and compliance with the award or to provide appropriate post-award technical assistance. To the extent feasible, these visits should be conducted on a team basis with participation by the GMO or grants management specialist.

Thoroughly documents on-site reviews and any discussions with the recipient that may influence the project's administration and provides a copy to the GMO for any necessary action and inclusion in the official grant file.

Site Visit Assessment Tool: The Site Visit Assessment tool is designed to facilitate on-site reviews and documentation of grantee efforts in meeting statutory requirements and programmatic expectations of the MIECHV programs to ensure the provision of high quality home visiting programs as part of a comprehensive, high-quality early childhood system.

Organization of the Tool: The Site Visit Assessment Tool consists of four (4) modules:

  I.   MIECHV Programmatic Module: assesses organizational structure, policies and procedures, data collection, organizational capacity, and adherence to MIECHV statutory and programmatic requirements
  II. MIECHV Fiscal Module: assesses income and expenditures; charges and fees; billing and collections; accounting system; accounts payable and cash flow; fixed assets; inventory and purchasing; payroll; revenue; and cost allocations.

How to Use the Tool: The Site Visit Assessment Tool is a guide to assist grantees, project officers (POs) and consultants in areas to be evaluated during a site visit. It is not an exhaustive checklist. Users must be familiar with ALL applicable Federal statutes and regulations relative to the administration of federal grants and the MIECHV Statutes. The Site Visit Assessment Tool should be used to identify areas of compliance or high performance which are documented as findings in the Site Visit Report. The Site Visit Assessment Tool will be used by consultants in preparation of the final Site Visit Report.

Each of the modules has requirements based on statutory authority and programmatic requirements and expectations. Where appropriate, the Site Visit Assessment Tool provides the source for each measure in an effort to evaluate if the requirement/expectation is identified as a "Best Practice", has an "Opportunity for Improvement", "Meets Requirements", or an area that "Needs Correction".   In reviewing each area, consultants are asked to make an overall assessment and assign a numerical score in each of the five (5) modules. These are as follows:

  •   Needs Correction= 0
  •   Opportunity for Improvement= 1
  •   Meets Requirements= 2
  •   Best Practice= 3

The above numerical scores were created to provide the MIECHV program the ability to quantify, analyze, and draw logical conclusions of grantees performance based on numerical data. Consultants should use the questions as prompts to objectively assess compliance in a specific area. Consultants may ask how many of the requirements in a section must be not met for a section to be labeled "needs correction" or "opportunities for improvement". The reply is that we look to the consultants to provide their professional judgment and look at the requirement as a whole and at the grantee system as a whole in making that determination. If an area is identified as a "Best Practice," has "Opportunities for Improvement," or "Needs Correction," consultants should state the specific best practice or finding and provide a written recommendation on how to improve the issue or information related to the best

practice under the "Findings" section of the report. Technical assistance may be appropriately recommended in these instances. No additional comments are needed if a requirement is marked as acceptable/"Meets Requirements".

The site visit tool will be updated on an annual basis, or more often, as needed.

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MIECHV Programmatic Module

A. Organization Structure and Administrative Capacity		Needs Correction (0)	Opportunities For Improvement (1)	Meets Requirement (2)	Best Practice (3)
Requirement	**Sample Questions to Ask Grantee**	**Findings**			
Notice of Award (NoA): Regular participation in monitoring activities with their HRSA PO	• Does the Program Coordinator communicate with the Project Officer regarding program activities and the operations of the MIECHV grant at least quarterly? If not, who participates in quarterly communication monitoring the program?*				
Overall Score					

B. Staffing and Organizational Capacity	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Statutory Authority: *(ii) The program employs well-trained and competent staff, as demonstrated by education or training, such as nurses, social workers, educators, child development specialists, or other well-trained and competent staff, and provides ongoing and specific training on the model being delivered.*				
(iii) The program maintains high quality supervision to establish home visitor competencies.				
(iv) The program demonstrates strong organizational capacity to implement the activities involved.				

Resources to Review: 1) Organizational Chart 2) SOPs 3) Contracts/MOAs 4) Job Descriptions 5) Licenses; 6) Certifications 7) Policies and Procedures 8) Orientation Plans 9) Training Plans and Logs 10) staff list with length of service/ turnover frequency at state and local levels and by models 11) Resumes/CV

Program Requirement	Questions to ask Grantee	Findings
See statutory language above	• How does the grantee ensure staff is trained to best provide the assessment and interventions required by MIECHV?	
	• How does the grantee collect information from outgoing staff about the program (i.e. exit interviews)?	
Maintains quality supervision of staff.	• Is sufficient time allocated for the program coordinator to provide adequate administrative oversight to staff?	
	• Is program staffing adequate to provide administrative and programmatic oversight of the program?	

	• Do MIECHV Program personnel/implementers' files demonstrate evidence of orientation and ongoing training regarding the MIECHV program or EBM and its requirements and its operational policies and procedures?	
	• Is the program ensuring that reflective practice and reflective supervision is incorporated in the administration and service delivery of all LIAs?	
Demonstrates strong organizational capacity to carry out program requirements.	• Describe leadership of the program	
	• Is the leadership of the host organization at the state and local levels regularly receiving reports, updates and asked for input on the MIECHV program?	
	• Does the grantee have comprehensive policies and procedures in place that are specific to MIECHV Program requirements?	
	• Does the grantee demonstrate strong organizational capacity to implement the activities involved?	
	• What is the communication with Title V?	
	• Is the MIECHV grantee leadership included in the long term planning for state services by Title V, Early Childhood Comprehensive System, Child Care Block Grant, SAMHSA	

	Block Grant, minority health and setting of other state health priorities, perhaps listing home visiting as a partner or strategy ?	
	• Are there state legislative initiatives in place that support the home visiting programs? Other than legislation, are there state or local administrative policies and procedures that have been revised or initiated to support home visiting?	
Overall Score		

C. Data Reporting	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
FOA Language: *The successful applicant…must comply with the following reporting requirements:* *1) Performance Reports (DGIS Forms 1, 2, 4, and 6, Products and Publications: The HRSA MCHB Discretionary Grant Information System (DGIS) Forms 1, 2, 4 and 6, and Products and Publications reports are due within 120 days of the Notice of Award (NoA) issue date*				
2) Demographic, Service Utilization, and Benchmark Area-related Data Reporting (DGIS-HV Forms 1 and 2) Data for DGIS-HV Forms 1 and 2 must be submitted by October 30 of each fiscal year.				

Resources to Review: 1) DGIS Data 2) Data reporting system 3) Progress reports, 4) https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X02_1.HTML 5) See HRSA-15-101 FOA page 16, 6) Grantee monthly enrollment and visit reports

Program Requirement	Questions to ask Grantee	Questions to ask LIAs	Findings
	• Does the grantee have the capacity to collect, monitor and report demographic/service utilization and benchmark data required for the Discretionary Grant Information System-Home Visiting (DGIS HV)?	• Please describe the process for submitting data to the State. At what frequency are you reporting data	
	• How does the grantee incorporate the use of different data collection tools depending on the HV model?	• Please describe the data collection tools currently used	
	• Is there a State interagency data sharing agreement? Is there an effort to create a state early childhood data collection system?	• Please describe the agreement you have in place with the state to report data	

	• Does the state have interagency agreements to access and report on certain Benchmark -required data, e.g., CPS, IPV or substance use?		
	• Has the grantee had problems submitting their annual demographic/service utilization and benchmark data?	• Describe any difficulties your organization has encountered with submitting data and what TA have you received from the grantee to resolve this issue?	
	• Has the grantee submitted reports in a timely manner?		
	• How does grantee address missing data?		
	• How does the grantee manage the process of data collection and analysis?		
	• How does grantee use data to inform continuous quality improvement		
Integrity of Data Systems *Legislative Requirement: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)* *§99.2: 34 CFR 300.610 through 300.626 contain requirements regarding the confidentiality of information relating to children with disabilities who receive*	• How are LIA's reporting data to the grantee? At what frequency?		
	• Has the grantee identified successes encountered during implementation of the data collection plan including frequency and quality of data received from MIECHV local programs or other state systems to build the set of statewide indicators?		

evaluations, services or other benefits under Part B of the Individuals with Disabilities Education Act (IDEA). 34 CFR 303.402 and 303.460 identify the confidentiality of information requirements regarding children and infants and toddlers with disabilities and their families who receive evaluations, services, or other benefits under Part C of IDEA. 34 CFR 300.610 through 300.627 contain the confidentiality of information requirements that apply to personally identifiable data, information, and records collected or maintained pursuant to Part B of the IDEA.	• How does the grantee ensure data quality and integrity?		
	• How is data quality and integrity ensured at the local level (LIAs)?	• What quality controls are in place to ensure the quality of data submitted to the State?	
	• Are there policies and procedures that ensure confidentiality, and specifically compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA), The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and 42CFR-special requirements for Substance Abuse treatment?		
	• Is access to the data system limited by role?		
	• How often does the grantee conduct a review of data quality?		
	• How does the grantee provide ongoing feedback to LIAs on their data submissions to improve quality?		

	• How often does the grantee conduct trainings for all staff (State and local level) to support the quality and timeliness of data reports? Is there evidence of training completed, communication of updates and changes?		
	• Are there policies and procedures for backups and how often does the grantee perform regular backups of its data collection system?		
Monitoring Fidelity to Evidence Based Model	• Is the grantee working with multiple EB models?		
	• Are the LIAs working toward required accreditation (recommend listing them)?	• Describe your work toward required accreditation?	
	• Describe the communication between the model developer and program that demonstrates intentional work to ensure model fidelity?	• Describe the communication between the model developer and LIA that demonstrates intentional work to ensure model fidelity?	
	• Does the grantee have in place a process for monitoring the fidelity of the model with sub recipients? What are the barriers to progress?	• How does the model and/or State monitor the fidelity of the model with your local organization? • Are there any barriers to progress?	

Continuous Quality Improvement (CQI)	• Is program staff familiar with data system capabilities and using the system for program monitoring and continuous quality improvement?	• Describe the training provided to your organization on the current data system and continuous quality improvement.	
	• Describe the grantee's efforts regarding planning and implementing CQI practices for the statewide home visiting program at the state and local levels.	• Describe efforts regarding planning and implementing CQI practices for the statewide home visiting program	
	• Does the grantee provide training for staff on CQI including utilization of PDSA cycles?	• Please describe training your staff has received regarding CQI	
	• Describe progress on the annual CQI plan.		
	• What are the prioritized areas of focus for CQI at the State and LIA level? Are these similar to the priorities of the host agency?	• What are the prioritized areas of focus for CQI that have been shared at the State level? Are these similar to the priorities of your agency?	
	• What are the results of the CQI efforts?		
	• How are results of CQI efforts shared with all staff?		

	• How are the results of CQI efforts shared with senior administration and with the interagency advisory group?		
Overall Score			

D. Continuous Quality Improvement	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)

Resources to Review: 1) CQI Plan 2) Data Collection Plan 3) Logic Model or conceptual framework 4) CQI committee members, meeting minutes 5) MIHOPE or MIHOPE/SS reports 6) Promising Practice evaluation reports and 7) Competitive grant evaluation plan and report

Program Policy	Questions to ask Grantee	Findings
See FOA and NoA CQI Plan	• Does the grantee a CQI Plan that has been updated this fiscal year?	
	• Does the Grantee have a State CQI Team and a Local CQI Team?	
	• What are the activities of the state and local CQI Teams?	
	• Is the grantee receiving TA for CQI?	
	• Has the Grantee provided CQI training to state and local staff?	
	• Review data, results and outcomes with the grantee as applicable.	
Overall Score		

E. Evaluation *Program Requirement: :* *(Requirement – No: The grantee has assured participation in any national evaluation activities, if selected to participate (Mother and Infant Home Visiting Program Evaluation - MIHOPE.)* *Should an applicant desire to conduct research into promising approaches and/or conduct other optional research and evaluation activities under this program, provide a brief description of any evaluation activities to be included in the proposed project.*	Needs Correction (0)	Opportunity for Improvement (1)	Meet Requirements (2)	Best Practice (3)
Resources to Review: 1) Grantee Data system 2) Logic Model or conceptual framework 3) Evaluation Plan if D89 grantee, 4) CQI committee member list and meeting minutes				

Program Policy	Questions to ask Grantee	Findings		
See language above	• Is this grantee participating in MIHOPE and/or MIHOPE SS?			
	• How the evaluation working at the state and LIA level?			
	• If grantee has a competitive grant or is implementing a promising approach that requires an evaluation, has their evaluation plan been approved by HRSA within the required time frame?			
	• Review the timeline and determine whether adequate progress is being made on implementation of the evaluation activities.			
Overall Score				

F. Promising Approaches	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Statutory Requirement: *(II) The model conforms to a promising and new approach …* *(ii) …An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using the service delivery model described in clause (i)(II). (also NoA)*				
Resources to Review: 1) HomVEE site for Evidence-based models and Promising approaches 2)letter from HRSA approving Plan 3) list of approved home visiting models located at http://homvee.acf.hhs.gov/programs.aspx; 4) Promising Approach Evaluation Plan 3) HRSA-15-101 FOA page 20				

Program Requirement	Questions to ask Grantee	Findings
Grantees may expend not more than 25 percent of the amount of the grant awarded using a service delivery model that qualifies as a promising approach. (**Note:** Described in more detail in appendix C of original RFP)	• What promising approach is being used and why did the grantee select this?	
	• What percentage of funds does the grantee use to support promising approaches?	
	• Does the grantee have written agreement with at least 1 HomVEE recognized promising approach?	
	• Describe evaluation of grantee's Promising Approach.	
Overall Score		

G. Sub recipient Monitoring of Program Performance	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
FOA Language: *Any grantee receiving federal funding is required to monitor sub recipient performance for compliance with federal requirements and programmatic expectations.*				
Applicants must demonstrate how they will effectively manage sub recipients of MIECHV funding in an effort to guarantee success of the MIECHV program, including annual site visits of all sub recipients.				

Resources to Review: 1) Contracts 2) MOA/MOUs 3) Policies and Procedures

Program Requirement	Questions to ask Grantee	Questions to ask the LIA	Findings
Grantee effectively monitors sub-recipients to ensure program success. Any grantee or sub recipient receiving federal funding is required to monitor for compliance with federal requirements and programmatic expectations. *Note: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts…must provide a clear explanation as to the purpose of*	• Describe how the grantee monitors program management by the sub-recipient.* • How does the contract with the sub-recipient identify deliverables, time frames, and the relationships between meeting capacity, maintaining enrollment, meeting model requirements and the designated funding?	• Describe how your organization reports program management /implementation to the state. • Describe expectations regarding deliverables, time frames, and the relationships between meeting capacity, maintaining enrollment, meeting model requirements and the designated funding?	

each contract, how the costs were estimated, and the specific contract deliverables.	• Describe the written Policies/Procedures regarding Sub-Recipient Monitoring?*	• Describe your written Policies/Procedures and how they are aligned with the State?	
	• How does the recipient report on the requirements of the Federal Funding Accountability and Transparency Act of 2006… Pub. L. 109-282 (FFATA)?**		
Overall Score			

H. Statewide Needs Assessment	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirement (2)	Best Practice (3)
Statutory Authority: *(4) … and the service delivery model or models that the entity will use under the program for such populations is consistent with the results of the statewide needs assessment conducted under subsection (b).*				
Resources to Review: 2010 Statewide Needs Assessment				

Program Requirement	Questions to ask Grantee	Findings
Grantee has a Statewide Needs Assessment and documented evidence of program implementation in relation to unmet need identified in the assessment.	• Describe how the Statewide Needs Assessment informed and aligned with communities and models chosen by the grantee and how the benchmark improvements address the identified needs.	
	• Does the grantee use the Statewide Needs Assessment to inform prioritization of communities served, program operations and direction?	
	• Has the grantee updated its needs assessment? Or have plans to do this?	
	• Has the NA specifically been referenced as to its use in X02 Formula applications and D89 Competitive applications?	
	• What were the gaps identified in the Needs Assessment? Have any steps	

	been taken to meet those gaps?	
	• Which communities identified in the original needs assessment (prioritized at-risk communities) are implementing MIECHV services	
	• Which communities identified in the needs assessment (prioritized at-risk communities) are not implementing MIECHV services? If not, please explain why? Are there plans to implement MIECHV services in these communities?	
Overall Score		

I. Quantifiable and Measurable Benchmarks	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirement (2)	Best Practice (3)
Statutory Authority: *…eligible entity establishes, …..quantifiable, measurable 3- and 5-year benchmarks for demonstrating that the program results in improvements for the eligible families participating in the program in each of the areas noted below.* Source: FOA and NoA				

Resources to Review: 1) Benchmark Plan, Constructs, Timeline, Work Plan; 2)DGIS forms 1 and 2; 3) DGIS Feedback for to the Grantees; 4)CQI Plan; sub-recipient reporting forms; 5)documents on staff training on CQI and any other professional development provided to enhance staff skills and knowledge related to the Benchmark requirements (e.g., ASQ, Depression screening, IPV assessment, work with hard-to-engage/vulnerable populations, toxic stress, substance abuse)

http://mchb.hrsa.gov/programs/homevisiting/ta/resources/summarybenchmarkmeasures.pdf
Guidance for meeting legislatively-mandated reporting on benchmark areas, demographic data, and service utilization data is available online at http://mchb.hrsa.gov/programs/homevisiting/ta/resources/guidanceoct2012.pdf.

Program Requirement	Questions to ask Grantee	Questions to ask LIAs	Findings
Benchmark Areas: 1. Improved maternal and newborn health 2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits 3. Improvement in school readiness and achievement 4. Reduction in crime or domestic violence 5. Improvements in family economic self-sufficiency 6. Improvements in the coordination and referrals for other community resources and supports	• Now that the state has its 3rd year benchmark improvement data, what activities/actions is the grantee planning or implementing to ensure program improvement in selected benchmark areas?	• What benchmark areas you currently address?	
	• Does the grantee have a work plan to address identified challenges and technical assistance	• Describe the training you have participated in concerning the benchmarks	

	needed?		
	• Which activities are on schedule? Which have been postponed and for what reasons? Which are ahead of schedule and why?		
	• How does the grantee implement and utilize CQI to address 3rd year benchmark improvement?	• What is the meeting schedule of the local CQI team?	
	• How does the grantee share best practices across LIAs?	• How do you share best practices information, innovations, or lessons learned with the State?	
	• What have been challenges in completing these activities? What plans are in place to resolve these challenges or other techniques to accomplish the work?		
	• What innovations, if any, have been implemented in the course of this		

	work?	
	• What lessons have been learned and how those will be used in future?	
	• What is the meeting schedule of the state COI? Team? Are there minutes? LIAs:	• How often do you meet with the state to discuss COI? What is discussed?
	• What monitoring systems does the grantee have in place to assure LIAs are meeting the benchmark requirements and working to improve the reported 3rd year benchmark data?	• What provisions are in place to assure your organization is meeting the benchmark requirements and working to improve the reported 3rd year benchmark data?
Overall Score		

J. Evidence Based Model *Statutory Authority:* *(I) The model conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge….*	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
(vi) The program monitors the fidelity of program implementation to ensure that services are delivered pursuant to the specified model. *NoA: The Statute reserves the majority of funding for the delivery of services through use of one or more evidence-abased home visiting service deliver models.*				

Resources to Review: HomVEE Evidence-based models and Promising approaches http://homvee.acf.hhs.gov/programs.aspx
1) Organizational Chart 2) SOPs 3) Contracts/MOAs 4) Job Descriptions 5) Licenses; 6) Certifications 7) Policies and Procedures 8) Model Developer Agreement

Program Requirement	Questions to ask Grantee	Questions to ask LIAs	Findings
1. Program must use an evidence-based home visiting model that must adhere to models grounded in empirically-based knowledge and linked to the benchmark areas and participant outcomes outlined in the legislation. 2. Program must monitor the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.	**State Level** • What models does the grantee have in place? • Are there adaptations in models selected? • How does the grantee justify any adaptations • How does the grantee assure that performance measures align across multiple models? • How does the grantee maintain model fidelity?		

	• How does the grantee collaborate with the evidence based home visiting model to ensure that model fidelity is maintained?	• How does the EBM assure that your organization is adhering to the model fidelity requirements?	
	• How is the State program and the LIAs addressing the need for affiliation, accreditation, site approval or other model requirements to be designated an implementing site of the evidence-based model?		
	Local/LIA Level • How does the grantee assure that LIAs are adhering to the evidence-based model fidelity requirements?	• How does the State assure that your organization is adhering to the model fidelity requirements?	
	• Are all sites of the State MIECHV program approved, affiliated, accredited, site approved sites of the	• Is your site approved, affiliated, and accredited by the Evidence Based Model? Please describe that process? Are there any barriers to this process?	
	• Is the grantee receiving TA from the model(s) or the TACC?	• Describe the TA you receive from the model(s) or	

	the state?	
	• Training? Has it been available in a timely manner so that services are not delayed?	• Training? Has it been available in a timely manner so that services are not delayed?	
	• Is there a regularly scheduled meeting with the Model Developer(s) Is the State grantee attending these? What is the communication between these 3 partners?	• Is there a regularly scheduled meeting with the Model Developer(s) or the State to discuss model fidelity, curriculum, or training? Please describe	

Overall Score	

K. Promising Approaches	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Statutory Requirement: *(II) The model conforms to a promising and new approach …* *(ii) …An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using the service delivery model described in clause (i)(II). (also NoA)*				
Resources to Review: 1) HomVEE site for Evidence-based models and Promising approaches 2)letter from HRSA approving Plan 3) list of approved home visiting models located at http://homvee.acf.hhs.gov/programs.aspx; 4) Promising Approach Evaluation Plan 3) HRSA-15-101 FOA page 20				

Program Requirement	Questions to ask Grantee	Findings
Grantees may expend not more than 25 percent of the amount of the grant awarded using a service delivery model that qualifies as a promising approach. (**Note:** Described in more detail in appendix C of original RFP)	• What promising approach is being used and why did the grantee select this?	
	• What percentage of funds does the grantee use to support promising approaches?	
	• Does the grantee have written agreement with at least 1 HomVEE recognized promising approach?	
	• Describe evaluation of grantee's Promising Approach.	
Overall Score		

L. Family Enrollment and Retention	Needs Correction (0)	Opportunity for Improvement (1)	Meeting Requirements (2)	Best Practice (3)
Statutory Authority: *(v) The program establishes appropriate linkages and referral networks to other community resources and supports for eligible families.*				

Resources to Review: 1) Contracts/MOAs 2) Policies and Procedures 3) Logic Model or conceptual framework, 4) Site visit to sub recipient 5) Monthly enrollment report 6) promising practice report and 7) staff training on enrollment and retention strategies

Program Policy	Questions to ask Grantee	Questions to ask LIAs	Findings
See statutory language above See FOA and NoA	• What is the Enrollment Capacity for X02 and D89 grants? What is the current percent capacity?	• Please describe the programs enrollment and retention process.	
	• Is the grantee aware of all the linkages and referral networks the LIAs have in place? Describe the referral sources.	•	
	• Describe the main linkages and referral sources? E.g. Primary Health Care, WIC, IPV Services, Mental Health services, Family Planning, Part C; CPS, military resources, hospitals, housing, employment.	• What are the linkages and referral networks your organization has in place? Describe the referral sources.	
	• What are some of the barriers to client recruitment and retention? How is the grantee addressing the barriers?	• What are some of the barriers to client recruitment and retention? How is this organization currently addressing these barriers?	

	• What strategy (ies) do the LIAs have regarding outreach? E.g. Centralized Intake; Standardized survey/questionnaires, etc.	• What strategy (ies) does your organization currently implement regarding outreach? E.g. Centralized Intake; Standardized survey/questionnaires, etc.	
	• What mechanisms are in place to assure completed referrals and effective communication between the grantee, LIAs and referral networks?	• What mechanisms are in place to assure completed referrals and effective communication with referral networks?	
	• How does the grantee and sub recipients ensure non-duplication and/or coordination of services when there is more than one evidence based program located in a service area?	• How does your organization ensure non-duplication and/or coordination of services when there is more than one program located in a service area?	
	• How does the grantee support the continuum of care in the delivery of evidence based home visiting services?		
	• What strategies is the grantee implementing to increase and maintain enrollment and retention of clients?	• What steps have you instituted to increase and maintain enrollment and retention?	
	• Is the grantee receiving TA?	• What type of TA have you received on	

		enrollment and retention?	
Home Visitor caseloads	• Are caseloads of home visitors determined in accordance with evidence based model requirements?	• How are caseloads of home visitors determined in accordance with the evidence based model requirements?	
	• Is acuity of families taken into account when assigning families to home visitors?	• Is acuity of families taken into account when assigning families to home visitors?	
	• Is the home visitor maintaining expected enrollment and retaining families as well as visits at expected level? If not, what is the procedure for improvement?	• How do you assure the home visitor is maintaining expected enrollment and retaining families as well as visits at expected level? If not, what is the procedure for improvement?	
	• What is the provision for handling caseloads when a home visitor leaves the program or is on leave?	• What is the provision for handling caseloads when a home visitor leaves the program or is on leave?	
Sub recipient monitoring to support client enrollment and retention	• Describe how the grantee ensures enrollment and retention of eligible families through sub recipient monitoring.	• Describe how you assess the most neediest families in the community	

Cultural competence	• Translation services for non-English speaking clients.	• Describe your translation services for non-English speaking clients?	
	• Is program related information presented appropriately (e.g., literacy level, language).	• How does your organization assure program information is presented appropriately to clients (e.g., literacy level, language)	
	• Does the grantee provide training to staff that addresses the goal of providing culturally competent services?	• Does the State provide training to address the goal of providing culturally competent services?	
	• Do recruitment and staffing plans reflect consideration of the cultural make up of program participants?	• Do recruitment and staffing plans reflect consideration of the cultural make up of program participants?	
	• Has the grantee identified additional ways to recognize and adjust the program to the culture of the families (e.g., place and timing of visits, inclusion of fathers and grandparents)?	• How do you identify and adjust the program to the culture of the families (e.g., place and timing of visits, inclusion of fathers and grandparents)?	
Overall Score			

M. Partnerships and Collaborations	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Statutory Authority: *(v) The program establishes appropriate linkages and referral networks to other community resources and supports for eligible families.*				

Resources to Review: 1) Contracts/MOAs 2) Policies and Procedures 3) Logic Model or conceptual framework statewide advisory committee members and meeting minutes 4) Letters of Support 5) planning documents

Program Policy	Questions to ask Grantee	Questions to ask the LIAs	Findings
Statewide systems development	• Describe the statewide advisory committee: members, frequency of meetings, example agendas		
	• Does the statewide advisory committee provide input on implementation of the statewide home visiting program?		
	• How does the grantee partner with an early childhood state team? Is there a formal agreement?		
	• What is the composition of the team? Does it include the required representatives? (Public Health, Title V, Early Learning, Child Care, CAPTA, Education, Domestic Violence, Office of Women's Health,		

	Substance Abuse, Child Welfare, Part C, Children with Special Health Care Needs, Childhood Injury program, Medicaid etc.		
	• Describe the effectiveness of the work with the statewide advisory committee? Areas of improvement? Needed partners that are not currently at the table? Areas that the team has been valuable?		
	• Describe the system connections/strengths with Early Childhood Comprehensive Systems and the MIECHV program		
	• Any unique partnerships?	• Any there any unique partnerships?	
	• Are there partnerships around sustainability?		
Linkages with Title V	• What is the nature of the linkage with Title V?		
	• Is home visiting a strategy or a priority in the Title V plan?		
See statutory language above See FOA	• Does the grantee have a Memorandum of Understanding, and /or a written referral plan in place with local community resources and support?	• Do you have a Memorandum of Understanding, and/or a written referral plan in place? Please	

		describe.	
	• Describe the main linkages and referral sources?		
	• Is there evidence of coordination and linkages with Title V (see above)?		
	• Is there evidence of coordination with other MCHB and HRSA programs at the state and community level? (e.g., shared professional development resources, program development plans, agreements on referrals, providing joint space)		
	• What mechanisms are in place to assure effective feedback between the grantee, LIAs and referral networks?	• What mechanisms are in place to assure effective feedback between the grantee, LIAs and referral networks?	
	• What strategies does the grantee have in place to build collaborations and partnerships?		
Support of ACA outreach and enrollment activities	• Describe the ongoing activities to assist families in enrolling families in expanding health insurance coverage.	• Describe the ongoing activities to assist families in enrolling families in expanding	

		health insurance coverage	
	• How is the MIECHV program at the State and LIA level coordinating and collaborating with partner agencies (public and private) and to ensure that all eligible family members are enrolled in health insurance coverage?	• How do you coordinate and collaborate with public and private agencies to ensure all eligible family members are enrolled in health insurance coverage?	
Overall Score			

N. Evaluation	Needs Correction (0)	Opportunity for Improvement (1)	Meet Requirements (2)	Best Practice (3)
Program Requirement: : *(Requirement – No: The grantee has assured participation in any national evaluation activities, if selected to participate (Mother and Infant Home Visiting Program Evaluation - MIHOPE.)* *Should an applicant desire to conduct research into promising approaches and/or conduct other optional research and evaluation activities under this program, provide a brief description of any evaluation activities to be included in the proposed project.*				

Resources to Review: 1) Grantee Data system 2) Logic Model or conceptual framework 3) Evaluation Plan if D89 grantee, 4) CQI committee member list and meeting minutes

Program Policy	Questions to ask Grantee	Findings
See language above	• Is this grantee participating in MIHOPE and/or MIHOPE SS?	
	• How the evaluation working at the state and LIA level?	
	• If grantee has a competitive grant or is implementing a promising approach that requires an evaluation, has their evaluation plan been approved by HRSA within the required time frame?	
	• Review the timeline and determine whether adequate progress is being made on implementation of the evaluation activities.	
Overall Score		

O. MIECHV Program Priorities	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Statutory Authority: *(4) Priority for serving high-risk populations.—The eligible entity gives priority to providing services under the program to the following: (A) Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection (b)(1)(A).*				

Resources to Review: 1) Contracts/MOAs 2) Grant Application 3) Family assessment protocols

Program Requirement	Questions to ask Grantee	Questions to ask LIAs	Findings
The grantee **must give priority to serving high-risk populations**: 1. Families that reside in communities in need of services, as identified in the statewide needs assessment; 2. Low-income eligible families; 3. Pregnant women under age 21; 4. Families with a history of child abuse or neglect or have had interactions with child welfare services; 5. Families with a history of substance abuse or need substance abuse treatment; 6. Families that have users of tobacco products in the home; 7. Families with children with developmental delays or disabilities; and 8. Military families, both current and former, to include those with multiple deployments	• Does the grantee give priority to high risk populations identified in the needs assessment?	• How do you identify individuals within high risk populations?	
	• How does the grantee assess meeting these priorities?	• How does your organization assess meeting the priority to serve high risk populations?	
	• Description of the populations served, including info on how high-risk populations (as defined above) are served.	• Describe the population served, including how you assure high-risk populations are served.	
	• Does grantee have documentation to reflect voluntary participation?	• How do you assure clients participation is voluntary?	
	• What is the individual assessment process for each family? How is the program adapted for each		

outside the US. Assurances that the entity established procedures to ensure that family participation is voluntary Services are provided in accordance with the individual assessment for that family.	family's needs?		
	• What training is provided for staff regarding the Benchmarks and construct data requirements?		
Overall Score			

MIECHV Fiscal Module

A. Use of Funds	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Legislation: Social Security Act (SSA) Act Section 511(i)(2)(C)) requires application of Section 504(d) (relating to a limitation on administrative expenditures) to the same extent and in the same manner as applicable to allotments under section 502(c). Section 504(d) requires that, of amounts paid to a State for a fiscal year, not more than 10 percent may be used for administering the funds paid. HRSA does not require that the Section 504(d) 10 percent limitation on costs associated with administering the grant funds flows down to sub-recipients.) *Per the authorizing legislation, grantees may expend not more than 25 percent of the amount of the grant awarded to an entity for a fiscal year for purposes of conducting a program using a service delivery model that qualifies as a promising approach; therefore, the majority of grant funds awarded for a fiscal year (i.e., formula and competitive funds combined) must be used to conduct activities that apply evidence-based home visiting models.*				

Resources to Review:

1) Current Budget(s) 2) Time and Effort Documentation 3) Invoices and Payments 4) Staff Interviews (i.e. role of specific personnel on the project, percent of effort, etc.) and 5) Fiscal policies and procedures for grants management

Requirement	Questions to ask Grantee	Findings
(MIECHV only-legislative requirement) Administrative Cap: No more than 10 percent of the award amount may be spent on expenditures related to administering the grant. No more than 25% of the award may be spent on expenditures related to promising approaches.	• Does grantee maintain records that demonstrate that costs for administering the grant award do not exceed 10 percent of the award amount?	
	• Does grantee maintain records that reflect no more than 25% of the award is used for promising approaches?	

	• Does the Grantee have policies and procedures for determining associated costs and monitoring the 10 percent limit on costs for administering the grant award? Does the grantee's budget account for no more than 10% of the authorized amount as administrative costs?	
(MIECHV only) 25% Cap on Costs to Implement a Promising Approach	• What percentage of the grantee's award is applied to promising approach?	
	• Does grantee maintain records that demonstrate alignment with the 25% cap on Promising Approaches?	
Administrative Oversight	• Are staff funded in reasonable proportion to the grant activities?	
	• Does the MIECHV lead receive regular fiscal reports on the grant expenditures?	
(MIECHV only) Unallowable costs	• Has the grantee excluded the following costs: direct medical, dental or mental health care, medical supplies not supported by the models, general funds for cash assistance to clients?	
Overall Score		

B. Budget/Fiscal Management and Oversight **Authority:** *Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.* *Legislative Requirement: As noted above, per §511(j)(3) [42 U.S.C. 711(j)(3)] of the Social Security Act, funds made available to an eligible entity under this section for a fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after award.*	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Resources to Review: 1) Current Budget(s) 2) Time and Effort Documentation 3) Invoices and Payments Expenditure documentation 4) Staff Interviews 5) Fiscal Policies and procedures (e.g., sub recipient monitoring, possibly including site visit tools, checklists, etc.) 6) Chart of accounts/General Ledger expenditure lists (to compare their total expenditures to their budget, and to verify that the grants are being separately [appropriately] accounted) 7) Contracts with sub recipients and 8) Audit				

Program Requirement	Questions to ask Grantee	Findings
Fiscal Policies and Procedures	• Does the grantee have fiscal policies and procedures that address: internal controls and separation of duties, accounting, and cash management, approval of disbursements, payroll, employee time and effort reporting?	
Maintains Accounting and Internal Control Systems	• Are systems appropriate to the organization's size and complexity? *Specifically: • Does the grantees accounting system provide for: 1) separate identification of Federal and non-Federal	

	transactions? And 2) a chart of accounts that reflects the general ledger accounts?*	
	• Does the financial management system have controls implemented which prohibit the grantee from spending money outside the period of availability?*	
	• Are the grants separated by fiscal year awarded to prevent the comingling of funds?*	
	• Is the chart of accounts sufficiently detailed to provide for allocation of expenses by cost category for each grant or award?	
	• Are salaries and expenses appropriately allocated to specific grants (e.g.,, ensure that Formula funding does not support Competitive activities	
	• Do salary allocations align with the nature of the duties performed? (e.g., is administrative time charged to the administrative cost category?)*	

	• Are administrative costs (e.g., accounting, human resources, IT management, occupancy, insurance, etc.) charged to the MIECHV Program, based on a reasonable allocation?*	
	• Does the grantee have a means to distinguish for staff which is both programmatic and administrative how much of the salary needs to be applied to the 10% limitation vs. programmatic aspect of the grant?	
	• Has the State cut funding (from general revenue funds) for evidence based home visiting services in the current or prior fiscal year?	
Separate functions in a manner appropriate to the organization's size in order to safeguard assets and maintain financial stability.	• Are grantee's systems designed to separate functions in a manner appropriate to the organization's size in order to safeguard assets?*	
	• Are grantee's systems designed to separate functions in a manner appropriate to the organization's size in order to maintain financial stability?*	

Budget Preparation	• Does the grantee prepare a detailed budget that displays all line items that support the program with no salaries supported at greater than 100% and all line items supported by funding sources?	
	• What is the state lead's role in budget preparation?	
	• Has the grantee budgeted for a Regional and national HRSA meeting?	
	• Do program managers have input and responsibility for the development of budgets, work with financial and management staff to finalize the budget and work with management and fiscal staff to identify budget modifications?	
Budget Oversight	• Does grantee have an adequate system for managing multiple budgets and funding streams?	
	• Does the grantee have a process to track changes to the approved budget and whether changes are subject to prior approval by the project officer?*	

	• Which employees are responsible for financial management of the grant?	
	• What is the role of the Program Manager in budget management and fiscal oversight? Does the Program Manager monitor the status of the budget on an ongoing basis and report to management periodically on budget matters?	
	• How does the grantee ensure compliance with the limited period of availability (MIECHV) (through the end of the second succeeding fiscal year after award)?	
	• Does the grantee currently have unobligated balances of funds for their HRSA awards?	
Draw Downs	• Has the organization established policies and procedures for cash draws of MIECHV funds in accordance with the award?*	
	• Does the grantee submit draw down requests regularly for immediate need?	

	• If the grantee's draw requests have been restricted by HRSA does the documentation submitted support the draw and reflect how funds are used?	
	• Does the grantee perform period reconciliations between the general ledger and the Payment Management System (PMS) draw-downs?*	
	• Grantee has identified PMS codes and process.	
	• Do the detailed expenditures agree to the total PMS drawdowns?*	
Sub recipient Oversight and Monitoring	• Does the grantee have signed and dated contracts with the sub-awardees that clearly define the nature of the services to be provided, the method of service delivery, and adherence to MIECHV requirements? Does the subcontract specify the nature and frequency of programmatic and fiscal monitoring?	

	• Has the grantee submitted all required FFATA reports in a timely fashion?	
	• Do the subcontracts specify the amount to be paid per service, the invoicing procedures and the documentation required to support the payment to the subcontractor?	
	• Do sub recipient agreements reflect legislative and programmatic requirements?	
	• Does the grantee have procedures and policies related to selecting sub recipients? (Such as a documented process, competitive bidding, appropriate steps for selection of qualified organizations)	
	• Are corrective actions cited and addressed?	
	• Does the grantee review expenditures made by the sub-recipient to ensure the expenditures and the supporting documentation are allowable and allocable to the federal MIECHV grants?	

	• Is the amount paid to the sub recipient reasonable?	
	• Is this based on the # of families recommended by the model(s) or within the national average cost of the model(s)?	
	• Is the sub recipient maintaining appropriate records (e.g., time and effort and travel?	
	• Does the grantee maintain files that document the program and fiscal monitoring of the sub-awardees?	
	• If applicable, does the sub-awardee submit copies of its annual audits, including the A-133 audit, to the grantee?	
	• If applicable, does the grantee monitor the sub-awardee's action taken to correct any deficiencies noted in the audits?*	
Federal Funding Accountability and Transparency Act of 2006 (FFATA)	• Has the grantee submitted all required FFATA reports in a timely fashion?	
	• Did the grantee verify is the sub recipient is actively registered in SAM?	

	• Did the grantee verify the DUN's number of the sub-recipient and ensure the grantee is not suspended or debarred?	
	• Is there someone in place who is responsible for completing FFATA reports?	
Bank Accounts	• Is there adequate compensating controls for authorization and approval of Grantee issued checks?	
	• Have dollar limits been established for one-signature checks?	
	• Does the signer of the check also review the supporting documentation and note review by initialing the documentation?	
	• Are bank accounts reconciled within a timely specified period after the end of each month?	
	• Are reconciliations prepared by someone other than the persons who participate in the receipt or disbursement of cash?	
	• Are reconciliations reviewed and approved by an official?	

Payroll and Employees' Time and Effort	• Do employees complete time and effort reports and are they reviewed and signed by a supervisor?	
	• Does the grantee have an adequate system for allocating payroll costs to the proper accounts, programs and other functions?	
	• Are payments for payroll and withholding taxes made in a timely manner?	
	• Are staff properly allocated among grants? Is each staff member budgeted/charged no more than 1.0 FTE across the grants?*	
	• If staff is charged to more than one grant, are controls in place to ensure proper time and reporting efforts and that actual time worked is consistent with the allocations of time and effort in the program budgets? [This should be verified by reviewing T&E documentation and actual practices.]	
	• Are people responsible for preparing payroll independent of other payroll duties?	

	• Is payroll subject to final approval before payment by a responsible official?	
FFR	• Does the grantee have appropriate systems and capacity in place for collecting and organizing the data required for FFR?*	
	• Is there an appropriate method of tracking and submitting required documentation to HRSA and to DPM (including but not limited to the FFR)? Are there processes in place to submit in a timely manner? If so, are they?	
	• Are FFRs submitted to HRSA in a timely fashion?	
Nonprofit Status	• If the grantee is a nonprofit private entity, is the nonprofit status in good standing?	
Overall Score		

C. Maintenance of Effort (MOE)	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Statutory Authority: HHS policy defines MOE as "a requirement contained in the authorizing statute or program regulations stating that, in order to receive Federal grant funds, a recipient must agree to maintain a specified level of financial effort (using a specified baseline period, such as the year prior to the initiation of grant support) for the grant from its own resources and other non-Federal sources." The requirement may take the form of: • "non-supplant" requirements that prevent State and local governments from using Federal funds for activities that would otherwise have been non-federally funded, or • "fixed level" maintenance of effort provisions that require state and local governments to maintain past spending.				

Resources to Review: 1) FOA, prior years and current year

Program Policy	Questions to ask Grantee	Findings
	• Does the grantee have state funds that supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives (per the Social Security Act, Title V, §511(f)) supporting evidence-based home visiting that were a result of a needs assessment?	
See language above	• Is the grantee meeting the grant requirements for Maintenance of Effort, and reassessing this annually	

	• Is grantee maintaining its own level of support for the program from year to year as required by statute? (Note: The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the most recently completed fiscal year.)	
Overall Score		

D. A-133 Audit Submission Requirements	Needs Correction (0)	Opportunity for Improvement (1)	Meets Requirements (2)	Best Practice (3)
Authority: *Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.*				

Resources to Review: :1) Most recent independent financial audit and management letter, including Audit Corrective Action Plans, if applicable; 2) Financial Management/Accounting and Internal Control Policies and Procedures (and procurement policies and policies for auditing of expenditures such as sub recipient expenditures, if applicable); and 3) Office of Management and Budget Circular A-133 (This is to be obtained by the project officer via the Federal Audit Clearinghouse and/or the HRSA Electronic Handbook).

Program Requirement	Questions to ask Grantee	Findings
An annual independent financial audit is performed in accordance with Federal audit requirements.	• Is a financial audit performed annually, in a timely fashion and in accordance with Federal requirements, including if applicable, the A-133 Compliance Supplement?	
	• Did the auditor issue an unqualified opinion on the financial statements?	
	• Did the A-133 audit report include any reportable conditions, instances of noncompliance, material weaknesses, or questioned costs?	
	• Is there documentation that the appropriate Finance Committee took action towards the correction? Of any deficiencies noted in the audit?	

Accounting System	• Does the accounting system provide for accumulating and recording expenditures by each award or grant?	
	• Does the accounting system provide for accumulating and recording expenditures by each cost category within the MIECHV grant? If not - Does the grantee have an alternate method to track expenses by cost category?	
	• Do the expenditures match the budget? *	
	• Are the expenditures reasonable given the scope/objective and progress of the grant?	
Overall Score		